

**CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
STATUTORY TRUST**

Wyoming Secretary of State
The Capitol Building, Room 110
200 W. 24th Street
Cheyenne, WY 82002-0020

Phone (307) 777-7311/7312
Fax (307) 777-5339
E-mail: corporations@state.wy.us

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1. Name of Statutory Trust: _____
 2. The street address of its current registered agent: _____

 3. If the street address of the registered office is to be changed, the new address: _____

 4. The name of its current registered agent: _____

 5. If its registered agent is to be changed, the name of its successor registered agent: _____

That the address of its registered office and the address of the business office of its registered agent,
as changed, will be identical.

The change was authorized by the trustee of the statutory trust.

Date: _____

Signed: _____

Trustee

Filing Fee: No Fee

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

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I, _____, voluntarily consent to serve as
the registered agent for _____
on the date shown below.

The registered agent certifies that he is: (circle one)

- ☐ (a) *An individual who resides in this state and whose business office is identical with the registered office;*
- ☐ (b) *A domestic corporation or not-for-profit domestic corporation whose business office is identical with the registered office; or*
- ☐ (c) *A foreign corporation or not-for-profit foreign corporation authorized to transact business in this state whose business office is identical with the registered office.*

Dated this _____ day of _____, _____.

Signature of Registered Agent